



● **DIALYSIS**

Description. AHCCCS covers hemodialysis and peritoneal dialysis services provided by participating hospitals and End Stage Renal Disease facilities. All services, supplies, diagnostic testing (including routine medically necessary laboratory tests) and drugs medically necessary for the dialysis treatment are covered.

Amount, Duration and Scope. Medically necessary outpatient dialysis treatments are covered. Inpatient dialysis treatments are covered when the hospitalization is for:

1. Acute medical condition requiring dialysis treatments (hospitalization related to dialysis)
2. AHCCCS covered medical condition requiring inpatient hospitalization experienced by a member routinely maintained on an outpatient chronic dialysis program, or
3. Placement, replacement or repair of the chronic dialysis route.

NOTE: Hospital admissions solely to provide chronic dialysis are not covered.

NOTE: Hemoperfusion is covered when medically necessary.

Refer to [Chapter 1100, Policy 1120](#), for policy related to dialysis coverage within the Federal Emergency Services Program (FESP).



● **EMERGENCY MEDICAL SERVICES**

Description. As specified in A.A.C. R9-22-210, AHCCCS covers emergency medical services for managed care and FFS members who are not in the Federal Emergency Services Program (FESP). Refer to Chapter 1100 for all requirements regarding FESP.

Emergency medical services are provided for the treatment of an emergency medical condition. An emergency medical condition is a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1. Placing the member's health in serious jeopardy
2. Serious impairment of bodily functions, or
3. Serious dysfunction of any bodily organ or part.

Amount, Duration and Scope. Emergency medical services are covered for members when there is a demonstrated need, and/or after triage/emergency medical assessment services indicate an emergency condition.

A provider is not required to obtain prior authorization for emergency services. Regarding emergency services, refer to Exhibit 310-1 for a reprint of A.A.C. R9-22-210 that describes general provisions for responsible entities, payment and denial of payment, notification requirements and post-stabilization requirements.

Utilization of emergency services. Managed care Contractors must educate their members regarding the appropriate utilization of emergency room services. Members should be encouraged to obtain services from non-emergency facilities (e.g., urgent care centers) to address member non-emergency care after regular office hours or on weekends.